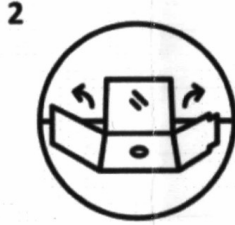


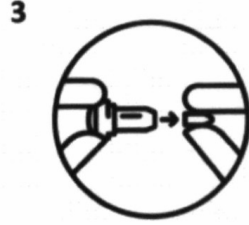
# Blood Sample Collection



Wipe your finger with the sterilized paper in your kit



Open and prepare the blood collection paper



TWIST FORWARD and PULL the stick from the dispenser and remove the entire stick. (The needle is hidden. You will not see it)



Place the thin part of the dispenser on your fingertip and press the button.



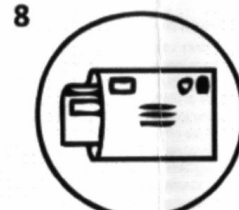
Allow the blood droplets to fall on the collection pad or touch the pad gently. (2-3 drops of blood will be enough)



Clean your fingertip, and bandage as needed



Fill out the form



Send the package with the return envelope

**PINNACLE**  
BIOLABS

**FSIT200**  
Food Sensitivity and Intolerance



The FSIT200 utilizes a scientific method which potentially identifies food intolerances.

**FSIT200 is a laboratory developed test** offered in the United States with a

prescription. Your purchase is reviewed by our doctors who will prescribe the FSIT200 for you free of charge. After you receive your results you may share them with your

physician.

**Release / Waiver:** I hereby hold harmless and indemnify Pinnacle Biolabs, Pinnacle

Labs of TN, LLC, Pinnacle IVD Corp, INCO USA Inc. and Akan Biosciences LLC and

their officers, directors, employees and/or affiliates , program sponsors and/or agents, including the owners/operators of either companies facilities, from any claims or

causes of action related to my use of the FSIT200, and for any outcome, either positive or negative, which may result from my participation in this food intolerance test. If the

client taking this test is under 18, a parent or guardian must sign this form.

**Information Verification:** I understand it is my responsibility to provide a current

functional phone number and/or email address and to update same in the event of a change. I certify that I have provided a valid phone number and email address that I

may be contacted at, and if my information changes it is my sole responsibility to

update Pinnacle Biolabs.

**Arbitration/Waiver of Right to Class Action:** In the event that any dispute arises

between me, the undersigned (and anyone else that I paid to have this test done) and Pinnacle Biolabs, INCO USA INC, and Akan Biosciences LLC, and their officers,

directors, employees and/or affiliates, program sponsors and/or agents, including the owners/operators of either companies facilities, I agree that any and all disputes shall

be subject to arbitration by the American Arbitrations Assn with any hearings, if necessary, to take place in Nashville, TN and subject to Tennessee law. I hereby waive

my right to trial by jury and to participate in any class action.

**Miscellaneous:** I certify that no one has forced or threatened me into signing this

form and am doing so as an act of my own free will. Except as stated herein, there are no other representations upon which I rely. This agreement can be changed only by a

written agreement signed by Pinnacle Biolabs and me.

**HIPPA AUTHORIZATION:** I voluntarily consent to participate in the Food Sensitivity and Intolerance Test which is being conducted by Pinnacle Biolabs, INCO USA, and AKAN Biosciences LLC. I understand that a blood sample is to be withdrawn by finger stick and that there are possible risks associated with this procedure, including but not limited to infection, discomfort and bruising. I understand these risks may not be all-inclusive and that other, more remote risks may be involved. However, this notice is sufficient for me to consent to and authorize the collection of the blood specimen. I understand and consent to the laboratory analysis performed by Pinnacle Biolabs, INCO USA and AKAN Biosciences LLC for the tests listed on this form. INCO USA INC, will distribute the health profile/laboratory results to me and to Pinnacle Biolabs. I understand that the health profile/laboratory results that I receive are for informational purposes only and are NOT a medical diagnosis. It is my sole responsibility for initiating any follow up examination with my doctor to discuss any questions to have the meaning of any test explained, to review and interpret my health profile/laboratory results and to obtain medical advice. Neither Pinnacle Biolabs nor INCO USA INC, and AKAN Biosciences LLC has any such responsibility. I understand that Pinnacle Biolabs or INCO USA INC, and AKAN Biosciences LLC may also use my health information for its own internal business purposes such as to develop future wellness programs or for industry research. I voluntarily agree and consent to participate in the health screening and accept and assume all risks associated with such participation. I hereby release and forever discharge Pinnacle Biolabs, INCO USA INC, and AKAN Biosciences LLC, its owners, employees, and agents from any and all claims, demands, actions and damages, including attorney's fees and costs, arising out of or in any way related to my participation in the health screening. Certain laboratory results are required by state law to be reported to the State Department of Health, INCO USA INC, and AKAN Biosciences LLC will report such results to the applicable department of health, as required by law.

Email: (for results).

Date of Birth:

Full Name:

Sex when born: Male Female

Phone:

Address:

State: Zip Code: Country:

**Which of the following symptoms do you have?** Circle as many

symptoms as apply and fee free to include any relevant medical history

in the "other" section.

Indigestion Fatigue Migraine/Headaches

Eczema

Bloating

Gas

Congestion

Weight Gain

Brain Fog

Joint Ache

Acid Reflux

Food Cravings

Diarrhea

Skin Rash

Other

If you circled "other" please explain below:

I CERTIFY THAT I HAVE READ ALL OF THE FOREGOING AND

UNDERSTAND AND AGREE TO BE BOUND BY EACH STATEMENT ON

ALL PAGES OF THIS DOCUMENT.

SIGNATURE:

DATE: